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| Case Number: | CM14-0031926 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 12/14/2009 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 02/19/2014 |
| Priority: | Standard | Application Received: | 03/13/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65 year old male who reported an injury on 12/14/2009. Mechanism of injury is unknown. The injured worker complained of left shoulder pain, status post left shoulder open decompressive surgery. There is no measurable pain documented. Physical examination of the left shoulder revealed painful range of motion. The forward flexion range of motion was 170 degrees, abduction 170 degrees. There was also a healed scar present. Tenderness to palpation over the biceps. Tenderness to palpation over the ac joint. The injured workers motor strength was 4/5 at rotator cuff. The injured worker has diagnoses of status post left shoulder open decompressive surgery and left shoulder tendinitis, residual. The injured worker has had physical therapy, a home exercise program and medication therapy in the past. Medications to include Norco 10/325 2 tablets 4 times a day #180, Terocin lotion 2 times per day and Celebrex 200mg 1 tablet 2 times a day. The injured worker failed to see any improvement with Motrin and Naproxen due to gastrointestinal (GI) irritability. The treatment plan is Norco 10/325mg 2 tabs 4 times per day #180. The rationale and request form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg 2 tabs po qid #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Norco) Page(s): 78, 91.

Decision rationale: The request for Norco 10/325mg 2 tabs 4 times per day #180 is not medically necessary. The injured worker complained of left shoulder pain, status post left shoulder open decompressive surgery. No measurable pain documented. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that the usual dose is 5/500mg is 1 or 2 tablets for every four to six hours as needed for pain (Max 8 tablets/day). Guidelines also state that prescriptions should be from a single practitioner taken as directed, and all prescriptions from a single pharmacy. That the lowest possible dose should be prescribed to improve pain and function. MTUS also state that there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain; intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Given the above guidelines the injured worker is not within MTUS guidelines. There was no documentation regarding the measurement of pain of the injured worker with and without the Norco. No side effects listed in reports. There was no evidence that the Norco was also helping with any functional deficits the injured worker had. The report also lacked any urinalysis or drug screening showing that the injured worker was compliant with MTUS guidelines. As such, the request for Norco 10/325 mg 2 tabs 4 times per day #180 is not medically necessary.

Terocin Lotion x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (Terocin Lotion) Page(s): 111-113.

Decision rationale: The request for Terocin Lotion 2 times per day is not medically necessary. The injured worker complained of left shoulder pain, status post left shoulder open decompressive surgery. No measurable pain documented. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical lotions like Terocin are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. The efficacy in clinical trials for this type of treatment modality has been inconsistent and most studies are small and of short duration. Terocin contains Capsaicin/Lidocaine/Menthol/Methyl Salicylate. The guidelines state that Lidocaine is not recommended. There is only one trial that tested 4% Lidocaine for treatment of chronic muscle pain. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. It also contains Menthol 4% and Methyl salicylate. The guidelines state that

there are no other commercially approved topical formulations of Lidocaine that are indicated for neuropathic pain other than Lidoderm. The proposed cream contains Lidocaine. Furthermore, there was lack of subjective complaints of neuropathic pain. There is also no rationale why the injured worker would require a topical lotion versus oral medications. As Terocin Lotion contains Lidocaine, which is not recommended, the proposed compounded product is not recommended. As such, the request is not medically necessary.